Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		:R:		2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	NVS5006HIC		A. BUILDING  B. WING		C <b>12/28/2010</b>		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
GINA'S SE	NIOR HOME		3127 AZUR LAS VEGAS	RE BAY ST S, NV 89117			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ACTION SHOULD BE COM TO THE APPROPRIATE	
H 000	Initial Comments			H 000			
	a result of a State Lic your facility on 12/28/ survey was conducted Homes for Individual by the State Board of 1999.	ficiencies was generate ensure survey conduct 10. This State Licensu d by authority of NAC 4 Residential Care, adop Health on November 2	ted in re 49, ted :9,				
	by the Health Division prohibiting any crimin actions or other claim	clusions of any investign shall not be construed al or civil investigations s for relief that may be under applicable feder	l as				
	The census at the time of the survey was one. One resident file were reviewed and one employee file was reviewed.		e.				
	The following regulate identified:	ory deficiencies were					
H 011	Director Duties-Needs	s Assessment		H 011			
	The director of a hom 2. Ensure that the new home are assessed u resident to the home,	eds of each resident of	the ent is				
	Based on interview at 12/28/10, the needs of	ot met as evidenced by: nd record review on of 1 of 1 residents were ssion to the home (Resi	not				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		ER:		2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING B. WING			
		NVS5006HIC				12/2	8/2010
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA	ATE, ZIP CODE		
GINA'S SE	ENIOR HOME		3127 AZUR LAS VEGAS	S, NV 89117			
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H 012	Continued From page	e 1		H 012			
H 012	Director Duties-Docu	ment Abilities		H 012			
	The director of a hom 2. Ensure that the new home are assessed unresident to the home, updated as the needs Such an assessment	eds of each resident of upon admission of the and that the assessments of the resident change must include:  the abilities of the resident	the ent is				
	This Regulation is not met as evidenced by: Based on record review on 12/28/10, the director failed to document at admission the abilities of 1 of 1 residents to function independently (Resident #1).						
H 013	Director Duties-List N	leeded Assistance		H 013			
	The director of a hom 2. Ensure that the new home are assessed unresident to the home, updated as the needs Such an assessment	eds of each resident of upon admission of the and that the assessmes of the resident change must include:  the matters for which the	the ent is				
	Based on record revie	ot met as evidenced by: ew on 12/28/10, the fac vhich the Resident requ #1).	ility				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER, IDENTIFICATION NUMBER		ER:		PLE CONSTRUCTION	(X3) DATE SUF COMPLET		
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GINA'S SE	ENIOR HOME			S, NV 89117			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
H 019	Continued From page	e 2		H 019			
H 019	Director Duties-No FA	A/CPR		H 019			
	The director of a hom 4. Ensure that a care meeting the needs of trained in first aid, and	giver, who is capable of the residents and has d cardiopulmonary e premises of the home	f been				
	This Regulation is not met as evidenced by: Based on record review and staff interview on 12/28/10, the director did not ensure that 2 of 3 caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid (Employee #1 and #3 did not have proof of certification on CPR and first aid).						
H 035	Safety&Sanitation-Laundry Area  NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (e) Adequate areas and equipment to carry out appropriate sanitary procedures for the handling, cleaning and storage of linens and personal laundry.		H 035				
	Based on observation failed to ensure the la space to carry out the	ot met as evidenced by: n on 12/2/10, the directo aundry room had enoug e cleaning of laundry (the as completely covered in several feet high).	or h ne				

AND DIAM OF CODDECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C	
NVS5006HIC			B. WING	<del></del>	12/28	8/2010	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
CINA'S SENIOD HOME			3127 AZUR LAS VEGAS	E BAY ST S, NV 89117			
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H 050	Continued From page	3		H 050			
H 050	Tuberculosis-Employe	ees		H 050			
	dependent and home care: Management of cases; surveillance are counseling and prevent. A case having tube considered to have turn facility or a facility for managed in accordant Centers for Disease Cadopted by reference subsection 1 of NAC 2. A medical facility, a a home for individual maintain surveillance or home for tuberculo infection. The surveillace or home for tuberculo infection. The surveillace or home for tuberculo infection. The surveillace or home for tuberculo infection and Preventic transmission of tuberchealth care set forth in Centers for Disease Cadopted by reference subsection 1 of NAC 3. Before initial emploin a medical facility, a a home for individual a:  (a) Physical examinat licensed physician that good health, is free from any other communications screen dependence of the physician that good health, is free from any other communications screen dependence of the physician that good health, is free from any other communications screen dependence of the physician that good health, is free from any other communications screen dependence of the physician that good health, is free from any other communications screen dependence of the physical examination of the physical examinations and the physical examination of the physi	erculosis or suspected of berculosis in a medical the dependent must be acce with the guidelines of Control and Prevention in paragraph (h) of 441A.200. In facility for the dependence of employees of the facts and tuberculosis ance of employees must not with the control and Prevention in paragraph (h) of 441A.200. In the guidelines of the Control and Prevention in paragraph (h) of 441A.200. In the guidelines of the Control and Prevention in paragraph (h) of 441A.200. In the dependence of the control and Prevention in paragraph (h) of 441A.200. In the dependence of the control and Prevention in paragraph (h) of 441A.200. In the dependence of the control and Prevention in paragraph (h) of 441A.200. In the dependence of the control and prevention in paragraph (h) of 441A.200. In the guidelines of the control and prevention in paragraph (h) of 441A.200. In the guidelines of the control and prevention in paragraph (h) of 441A.200. In the guidelines of the control and prevention in paragraph (h) of 441A.200. In the guidelines of the control and prevention in paragraph (h) of 441A.200. In the guidelines of the control and prevention in paragraph (h) of 441A.200. In the guidelines of the control and prevention in paragraph (h) of 441A.200. In the guidelines of	tial s; case l e of the as ent or cility st be diding as oyed ent or ave l a te of and gious				

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H 050	of a 2-step Mantoux to preceding 12 months 2-step Mantoux tuber single-step tuberculos administered. A single screening test must be unless the medical did designee or another I determines that the ri appropriate for a less documents that deter exposure and corresp examination must be guidelines of the Cen Prevention as adopte (h) of subsection 1 of 4. An employee with a positive tuberculosis sfrom screening with s radiographs unless he suggestive of tubercu 5. A person who dem tuberculosis screening to subsection 3 shall and medical evaluation 6. Counseling and preoffered to a person who screening test in according	unly completed the first uberculin skin test within, then the second step of culin skin test or other sis screening test must be annual tuberculosis and additional earlier annual tuberculosis and the facility or his idensed physician sk of exposure is a frequency of determined by following ters for Disease Control d by reference in paragonal earlier and the facility of screening test is exemply kin tests or chest and develops symptoms losis.  Onstrates a positive great administered pure submit to a chest radiogonal earlier and to a chest radiogonal earlier and the guideline ase Control and d by reference in paragonal earlier and the submit and the guideline ase Control and d by reference in paragonal earlier and the submit and the guideline ase Control and d by reference in paragonal earlier and the submit and the submit to a chest radiogonal earlier and the guideline ase Control and d by reference in paragonal earlier and the submit and the s	in the of the be ter, and g the all and graph of a bt suant graph is. t be sis nes graph ce of y ulosis I allist, arge as not	H 050			

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any pulmonary sympt of tuberculosis are probe evaluated for tube (Added to NAC by Bd	coms develop. If sympto esent, the employee sh rculosis. I. of Health, eff. 1-24-92	nall					
Based on record revieure failed to ensure that 2 with NAC 441A.375 rutesting (Employee #1	ew on 12/28/10, the fact 2 of 3 employees complegarding tuberculosis ( and #3 were missing	cility lied					
Employee Backgroun	d Check Requirements	5	H 065				
criminal history of emcontractor of certain at 1. Except as otherwis within 10 days after hentering into a contractor, the adminificensed to operate, apersonal care service provide nursing in the intermediate care, a fresidential facility for gindividual residential (a) Obtain a written stor independent contrashe has been convict NRS 449.188.  (b) Obtain an oral and information contained	ployee or independent agency, facility or home be provided in subsection iring an employee or ct with an independent istrator of, or the person agency to provide is in the home, an agency to provide is in the home, an agency and it is in the home is in the home for acility for skilled nursing groups or a home for care shall: tatement from the employed of any crime listed in the written statement of the written statement in the written statement in the written statement in the written statement in the miles of the provided in the written statement in the provided in the written statement in the provided in the written statement in the written statement in the provided in the written statement in the provided in the provided in the written statement in the provided in the p	e. on 2, on 3, on 4, on 4, on 5, on 6, on 6, on 7, on					
TERNIE TO SOLITION TO THE POOL OF THE POOL	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I  Continued From page any pulmonary symptor tuberculosis are propered evaluated for tube (Added to NAC by Bota). 2-28-96; R084-06, 7-  This Regulation is not Based on record reviet failed to ensure that 2 with NAC 441A.375 resting (Employee #1 evidence of TB testing). Employee Background NRS 449.179 Initial accriminal history of employee Background NRS 449.179 Initial accriminal history of employee Background in Except as otherwise within 10 days after heatering into a contractor, the adminificensed to operate, a personal care service provide nursing in the intermediate care, a firesidential facility for an independent contractor, in the intermediate care, a firesidential facility for independent contractor independent contract	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FREGULATORY OR LSC IDENTIFYING INFORMAT)  Continued From page 5  any pulmonary symptoms develop. If sympto of tuberculosis are present, the employee shoe evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-923-28-96; R084-06, 7-14-2006)  This Regulation is not met as evidenced by Based on record review on 12/28/10, the fact failed to ensure that 2 of 3 employees comp with NAC 441A.375 regarding tuberculosis (testing (Employee #1 and #3 were missing evidence of TB testing).  Employee Background Check Requirements on the contractor of certain agency, facility or home of the contractor of certain agency, facility or home of the contractor of the symplectic within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing residential facility for groups or a home for independent contractor stating whether he she has been convicted of any crime listed in NRS 449.188.  (b) Obtain an oral and written confirmation of information contained in the written statement obtained pursuant to paragraph (a);	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5 any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)  This Regulation is not met as evidenced by: Based on record review on 12/28/10, the facility failed to ensure that 2 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1 and #3 were missing evidence of TB testing).  Employee Background Check Requirements  NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home.  1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person icensed to operate, an agency to provide or or noticensed to operate, an agency to provide nursing in the home, a facility for notermediate care, a facility for skilled nursing, a residential facility for groups or a home for notividual residential care shall:  (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188.  (b) Obtain an oral and written confirmation of the information contained in the written statement	NVS5006HIC  NIDER OR SUPPLIER  STREET ADDRESS, CITY, STA 3127 AZURE BAY ST LAS VEGAS, NV 89117  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)  This Regulation is not met as evidenced by: Based on record review on 12/28/10, the facility failed to ensure that 2 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #1 and #3 were missing evidence of TB testing).  Employee Background Check Requirements  NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home. 1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person icensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for ntermediate care, a facility for skilled nursing, a residential facility for groups or a home for ndividual residential care shall: (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188. (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);	INVEROR SUPPLIER  JATOR HOME  STREET ADDRESS. CITY, STATE, ZIP CODE  3127 AZURE BAY ST LAS VEGAS, NV 39117  REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.  (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)  This Regulation is not met as evidenced by: Based on record review on 12/28/10, the facility alided to ensure that 2 of 3 employees compiled with NAC 441-A375 regarding tuberculosis (TB) testing (Employee #1 and #3 were missing evidence of TB testing).  Employee Background Check Requirements  NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home.  1. 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(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);	INCR OR SUPPLIER  JOR HOME  SUMMARY STATEMENT OF DEFICIENCES  (RACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCES  (RACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  FREETX  TAG  PROVIDER'S PLAN OF CORRECTION (RACH CORRECTION (RACH CORRECT TON (RACH CORRECT TON INFORMATION))  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY  H 050  This Regulation is not met as evidenced by: Based on record review on 12/28/10, the facility lailed to ensure that 2 of 3 employees complied with NAC 441.475 regarding tuberculosis (TB) testing (Employee #1 and #3 were missing evidence of TB testing).  Employee Background Check Requirements  NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency, facility or home.  1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person icensed to operate, an agency to provide personal care services in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care shall:  (a) Obtain a written statement from the employee or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.188.  (b) Obtain an oral and written confirmation of the information contained in the written statement bobblance dursuant to paragraph (a);	

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H 065	authorization to forwal Central Repository for Criminal History for stable Bureau of Investigation (d) Submit to the Central Records of Criminal Hobtained pursuant to 2. The administrator coperate, an agency to services in the home, nursing in the home, care, a facility for skill facility for groups or a residential care is not information described employee or independent of the contral Repository for Criminal History within 6 months and the investigated at least coperate, an agency to services in the home, nursing in the home, nursing in the home, nursing in the home, nursing in the home, care, a facility for groups or a residential care shall history of each emplo contractor who works investigated at least of administrator or personal forms of the contractor on file, obtained to the contractor on file, obtained to the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor on file, obtained to the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor of the contractor on file, obtained to the contractor of the contractor of the contractor of the contractor on file, obtained to the contractor of the contrac	ifingerprints and a writter the fingerprints to the records of submission to the Federal property of the record of submission to the Federal property of the record of the record of the record of the record of the person license of the person license of the person license of the record of the record of the record of the immediated of the record of the immediately precord of the immediately precord of the immediately precord of the the record of the person license of the person license of the record of the person license of the record o	e al ada ed to de al an her eding ate had sed to de al le al	H 065				

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H 065	the fingerprints on file paragraph (a) to the C Nevada Records of C submission to the Fed for its report; and (c) Submit the fingerp Repository for Nevada History.  4. Upon receiving fing to this section, the Ce Records of Criminal H whether the employed has been convicted of 449.188 and immedia Division and the admillicensed to operate, that which the person wor independent contrasuch a crime.  5. The Central Repose Criminal History may agency, a facility or a fingerprints pursuant reasonable cost of the facility or home may ror independent contrasof the fee imposed by the agency, facility or	horization from the dent contractor to forward or obtained pursuant to Central Repository for deral Bureau of Investiguints to the Central Repository for New History shall determine the or independent contral a crime listed in NRS ately inform the Health determine the or independent contral repository for New History shall determine the or independent contral for a crime listed in NRS ately inform the Health determine the agency, facility or how the works whether the employers whether the employers a fee upon an home that submits to this section for the determine the contractor for the determinent the Central Repository home requires the dent contractor to pay for to pay the amount	ard o gation gat	H 065			

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H 065	Continued From page	e 8		H 065				
		ot met as evidenced by						
		ew on 12/28/10, the fact 3 employees complied was seen to be seen as the complied was seen as the complete was seen as th						
	background check re 449.176 (Employee #	equirements per NRS #1 and #3 did not have						
		or FBI background test of	or					
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ì								